

# The Essential Health Interventions Project: Improving Health Care in Tanzania



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*Kanina Holmes*

Nine out of every 10 children living near the Mindu dam in the Tanzanian district of Morogoro come to school urinating or defecating blood. They have schistosomiasis, a disease transmitted through the larvae of snails living in still water. If left untreated, schistosomiasis can damage the liver, spleen, and bladder, and lead to cancer.

Construction of the dam created the problem. Morogoro residents use the resulting lake for a variety of domestic uses, thus spreading the disease. Because the damage from schistosomiasis happens gradually, people need concrete evidence of its long-term physical and financial impact in order to change their ways, says [Charles Mayombana](#), a Tanzanian researcher working in the area with the Ifakara Health Research and Development Centre, an independent trust. The same is true for many of the district's other major health problems, which include malaria, pneumonia, diarrhea, HIV AIDS, maternal mortality, malnutrition, anaemia, and road accidents.

## **Harnessing local information**

A CA\$16.5-million project, involving the Government of Tanzania, the International Development Research Centre (IDRC), and other donors, is trying to find ways to harness locally specific information to improve the response of the health care system. The project is also offering Tanzanian officials alternative strategies for dealing with health threats, many of which have been worsened due to inadequate planning and inappropriate resource allocation.

"[Tanzanians] may never have had that mirror held up to them to see their community problem," says [Don de Savigny](#), research manager of the Tanzanian Essential Health Interventions Project (TEHIP). "They may know their family problem or their individual problem, but they don't know what they're facing as a population because not every family experiences a child death and not every family experiences each problem. But eventually many will, and most of the problems are preventable."

## **Maternal and child mortality**

The maternal mortality rate in rural Morogoro, a three-hour drive from the coastal capital of Dar es Salaam, is 778 for every 100,000 live births. Child mortality translates into 245 out of every 1,000 children dying before they reach the age of five. "The number of life years lost in Africa on a per capita basis is phenomenal," says Dr de Savigny.

TEHIP is the first project to test an idea presented in the World Bank's 1993 World Development Report. The report suggested that if 80% of the population in low-income countries has access to a minimum package of cost-effective, essential health interventions, the burden of disease — i.e. the total life years lost to premature death and disability — could decrease by 32% at low cost.

## **New approaches**

Over the next four years, the TEHIP team — with guidance from agencies such as the [World Health Organization](#) (WHO), the [World Bank](#), and UNICEF — will facilitate the introduction of new approaches to priority setting and resource allocation in district level health planning. To evaluate the impact, they will also maintain a data base tracking 170,000 people in Tanzania's Morogoro and Rufiji districts. The researchers are studying both illness and mortality patterns at community level, and what kind of decisions people make when they get sick or to avoid illness. Using this data, the team will then assess the most cost-effective ways of saving and improving lives.

Project staff are addressing a wide range of issues including childhood diseases, maternal health, emergency care, malaria, tuberculosis, leprosy, HIV, and sexually transmitted diseases. "It's dealing with the main issue of the day: How do we deal with this enormous health burden with severely constrained resources?" asks Dr de Savigny.

## **Fundamental reforms**

In parallel, the Tanzanian government is carrying out fundamental reforms of its health sector. For example, user fees have been introduced for many basic medical services, and decision making is now being decentralized. In addition, the government has agreed to gradually increase health care spending, which currently amounts to about US\$7 per person.

TEHIP staff are trying to assist in Tanzania's health care reform process by working directly with district officials to draft new health plans based on local priorities and evidence. This project's success will ultimately be measured by the extent that each district puts these plans into practice, as well as subsequent improvements in population health.

## **Doing more with less**

Already some changes are evident. At Turiani, a Roman Catholic mission hospital surrounded by rice paddies and the Uluguru mountains, 19 medical assistants are being taught to do more with less when treating childhood diseases. Rather than rely on conventional — and costly — equipment and laboratory tests, they will return to work at government clinics and dispensaries with the skills required to diagnose patients based on more obvious clinical signs and symptoms. "There is no extra tool other than the eyes, the hands, and a timing device," says Dr Leslie Mgalula, the TEHIP-WHO Liaison Officer.

The training, household surveys, and consultations with various levels of government are all being done without fanfare. "People at community level do not need to know that this is a [development] project. In fact we're taking pains to be anonymous," says Dr de Savigny. "If this is really going to work, it has to be taken on board by the [health care] system including the public."

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